
Notice to Healthcare Professionals from Public Health Agency of Canada: Influenza A(H1N1)pdm09 Predominant Seasonal Influenza Strain

Surveillance Summary

Influenza activity in Canada has continued to increase since late November 2013, consistent with the usual timing of the seasonal influenza epidemic. Influenza A(H1N1)pdm09, which first emerged in 2009, causing the 2009 influenza pandemic, has continued to circulate as a seasonal influenza virus strain and has emerged as the predominant virus this season to date, in both laboratory detections and paediatric and adult hospitalizations.

Of the laboratory confirmed influenza-associated hospitalizations reported for the month of December 2013, the majority (99%) were associated with influenza A. Of the cases that were subtyped (n=254), 96% were associated with A(H1N1)pdm09. By age group, influenza-associated hospitalizations were highest among adults 20-64 years of age (approximately 53%), followed by children under 5 years of age (22%), adults 65 years and older and adults 20-44 years of age. Of the influenza-associated ICU admissions and deaths reported in December 2013, the majority were due to A(H1N1)pdm09 in the 45-64 year old age group. Please refer to [FluWatch](#) for up-to-date information on influenza activity in Canada.

The United States is experiencing a similar influenza season with A(H1N1)pdm09 circulating and causing severe respiratory illness among young and middle-aged adults, many of whom were infected with A (H1N1) pdm09.

Of the influenza viruses antigenically characterized to date at the National Microbiology Laboratory (NML), all influenza A viruses and the majority of influenza B viruses were similar to the strains recommended by the WHO for the 2013-14 seasonal influenza vaccine, indicating that the vaccine is a good match to the circulating influenza viruses.

H1N1 differs from H3N2 in that preschool children and younger adults are more susceptible than older adults. The mean age for hospital and ICU admissions is about 45 years of age. Contrary to last year, when H3N2 was the predominant strain circulating in the Peterborough area, there have not been any institutional

outbreaks of Influenza in local long term care homes at this time. Most of the H1N1 transmission will be occurring in schools, homes, workplaces and other public areas in our community.

Recommendations

Prevention

It is not too late for healthcare professionals and the general public to receive vaccine if they have not already been vaccinated this season. Vaccination is the most effective way to prevent influenza. Healthcare professionals should use every opportunity to give influenza vaccine to individuals at risk who have not been immunized during the current season, even after influenza activity has been documented in the community.

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H1N1

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The National Advisory Committee on Immunization (NACI) recommends that to reduce the morbidity and mortality associated with influenza, immunization programs should focus on those at high risk of influenza-related complications, those capable of transmitting influenza to individuals at high risk of complications and those who provide essential community services. As significant illness and societal costs also occur with seasonal influenza in people who may not be considered at high risk of complications (i.e. healthy people aged 5 to 64 years), NACI also encourages influenza vaccine for all Canadians aged 6 months and older.

Please refer to the [Statement on Seasonal Influenza Vaccine for 2013-2014](#) for details.

Treatment

Although vaccination remains the first-line of defense against influenza, antiviral drugs can be used to reduce morbidity and mortality from influenza. It is important that antiviral drugs be started as early as possible after the onset of symptoms. Clinicians are encouraged to review guidance on the use of antiviral drugs for treatment and prophylaxis of influenza, available from the [Association of Medical Microbiology and Infectious Disease Canada](#).

This notice and links to the above resources can be found on the Public Health Agency of Canada's website at www.phac-aspc.gc.ca under the following file path: [Infectious Diseases | Pandemic Preparedness | Influenza](#).



H5N1 (Avian Influenza) Update from Public Health Agency of Canada – January 10, 2014

Recently, Canada identified the first case of H5N1 in North America. The individual began to feel unwell on a return flight from Beijing to Edmonton on December 27. The symptoms worsened and the individual was hospitalized in Edmonton, and passed away on January 3. There is no evidence of sustained person-to-person transmission with H5N1. The individual's family is not showing any signs of illness. No other illnesses of this type have been identified in Canada since the traveller returned from China.

Lab results confirmed this was H5N1. All evidence is indicating that this is an isolated case in an individual who was infected following exposure in China. The risk to public health is considered low as this is an imported case. The Public Health Agency of Canada (PHAC) is working with Alberta and other provincial health authorities to complete the investigation.

PHAC is advising the public if they are travelling to an area where avian influenza (H5N1) is a concern to:

- i. avoid high-risk areas such as poultry farms and live animal markets;
- ii. avoid unnecessary contact with birds, including chickens, ducks and wild birds;
- iii. avoid surfaces that may have bird droppings or secretions on them; and
- iv. ensure that all poultry dishes are well cooked, including eggs.

Healthcare providers are reminded to continue asking for a patient's travel history when presenting with influenza-like illness (ILI) symptoms. Personal Protective Equipment must be accessible to employees and healthcare workers to don if necessary.

Infection control procedures for offices and health care facilities should be reviewed to ensure that your workplace could respond appropriately if confronted with a travel-related ILI.

There have been approximately 650 human cases of H5N1 in 15 countries over the last decade, primarily in people who were exposed to live infected birds. The illness it causes in humans is severe and kills about 60 per cent of those who are infected.

For further information on H5N1, please visit www.phac-aspc.gc.ca.

Reporting of Adverse Vaccine Reaction Event (AEFI) Following Immunization

What is an AEFI?

Adverse events following immunization (AEFI) surveillance monitors adverse events and investigates events that may have resulted from vaccine. An AEFI is defined by the Public Health Agency of Canada as “any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.”



Who Should Report AEFIs?

Physicians, members of the College of Nurses of Ontario or the Ontario College of Pharmacists are required to report AEFI to their local Medical Officer of Health (MOH) under Section 38 (3) of the *Health Protection and Promotion Act*.

Why should AEFIs be reported?

Reporting of AEFIs helps to assess the safety of vaccines. In turn, this increases the national and ultimately global ability to detect and investigate vaccine safety signals. This leads to an increased capacity to report on the safety of publically-funded vaccines and contributes to maintaining public confidence in vaccine safety.

How do you report AEFIs?

Fill out this form developed by Public Health Ontario and send it to Peterborough County-City Health Unit by fax at 705-743-2897.

You can access the form at: www.pcchu.ca under the section [For Professionals | Health Professionals | Reportable Diseases](#) or call 705-743-1000 to have the form faxed to you.

Public Health Ontario | Santé publique Ontario

REPORT OF ADVERSE EVENT FOLLOWING IMMUNIZATION (AEFI)

When completed, please send the form to your local Public Health Unit by a secure means.

Case ID (for local use only)

1. CLIENT INFORMATION				
Client last name	Given name(s)	Ontario Health Card #	Date of Birth (yyy/mm/dd)	Gender
				Male Female
Parent/guardian last name	Parent/guardian first name	Telephone no.		
Address		City	Postal Code	

How are AEFIs investigated?

Once a reported AEFI is received by the Health Unit, it is reviewed and investigated by a Public Health Nurse. The MOH may make recommendations for the vaccine recipient and healthcare professional with respect to additional follow-up and receipt of further doses of vaccine.

For further information, please contact the Vaccine Preventable Disease Program at 705-743-1000, ext. 139.

Free Downloadable Rhymes to Build Children's Language Skills

'Rhymes for Young Children' is now available in mp3 format and is free to download. Send your parents and grandparents to www.kidtalk.on.ca for 20 fun rhymes for their computer or mobile device.

Every new rhyme improves a child's language skills and provides a fun activity for a child and parent to share.



Resources For HCPs

PRHC Grand Rounds
Friday, January 31, 2014
 8:00 a.m.

Dr. Pellizzari will be presenting an overview of the new PIDAC recommendations for Infection Prevention and Control practices in office settings. All are welcome to attend.

Breastfeeding – Beyond the Basics
with Kathy Venter

Friday, February 7, 2014

9:00 a.m. to 4:00 p.m.

Registration at 8:40 a.m.

Peterborough Public Library, 345 Aylmer Street, Auditorium

This workshop will explore common challenges that arise in practice, and strategies to overcome and support breastfeeding.

Who should attend: This evidence-based workshop is for health care providers who want to expand their knowledge and skills, so that they can support women to prevent problems before they happen, and to overcome common challenges of the breastfeeding dyad. A Level One introductory breastfeeding course is ideally a prerequisite for this one day session.

Registration Fee: \$40 (includes lunch and refreshments)
 To register please call: Anita Watts at 705-743-1003, ext. 282
 Payment can be made by cash or cheque payable to Peterborough County-City Health Unit and must be received by January 31, 2014.

CERPS will be awarded.

FREE Lunch and Learn
for Nurses, Receptionists, Secretaries
Wednesday, April 30, 2014

12:00 p.m. to 1:15 p.m.

Peterborough County-City Health Unit,
 Board Room, 10 Hospital Drive

Learn NEW Information about: Enhanced 18 Month Well-Baby Visit, Breastfeeding, Nutrition for Healthy Term Infants, Oral Health, and Physical Literacy.

R.S.V.P. to Anita Watts by April 16, 2014
 705-743-1003, ext. 282 OR Fax: 705-741-4261
 Email: awatts@pcchu.ca

Registration is limited to 30 participants. Lunch provided.

Resources For Patients

Engaging New Video Gives the Best Advice for People Considering or Taking Opioid Medications

A video is available for you and your patients that tackles the question "what is the best advice for people on, or about to start, opioid medications"? It is narrated by Dr. Mike Evans who is known for his unique health videos with almost six million YouTube views.

This video is freely available, in English and French, for anyone to view: [English](#)
[French](#)

Visit www.pcchu.ca and go to: [For Professionals | Health Professionals | Alcohol & Other Drugs](#).

Health Events For Patients

Prenatal Health Fair

February 24, 2014 at 6:00 p.m. - 8:30 p.m.

Holiday Inn, 500 George St., Peterborough

For more information, call
 705-743-1000, ext. 254

Prenatal Classes

Classes are ongoing from 7:00 p.m. to 9:00 p.m. (please call for class dates). All classes are held at the Peterborough County-City Health Unit, 10 Hospital Drive, Peterborough. The cost is \$50.00 and subsidies are available. Please let us know if the fee would prevent your patient from attending.

To register, call the
 Peterborough County-City Health Unit
 705-743-1000, ext. 254

**Looking for a specific
 health topic?**

Visit the FYI Newsletter archive at
www.pcchu.ca